



PTO/SB/17 (11-01)

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FEE TRANSMITTAL for FY 2002 <small>Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/636,500	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	August 11, 2000	
		First Named Inventor	ANDO et al.	
		Examiner Name	P. Medley	
TOTAL AMOUNT OF PAYMENT (\$)		400.00	Group Art Unit	2834
METHOD OF PAYMENT (check all that apply)		Attorney Docket No.		P1071.1107
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES		
<input type="checkbox"/> Deposit Account				
Deposit Account Number		Large Entity Small Entity		
204-1073		Fee Code Fee (\$)		
Deposit Account Name		Fee Code Fee (\$)		
Dickstein Shapiro Morin & Oshinsky LLP		Fee Description		
The Commissioner is hereby authorized to: (check all that apply)		Fee Paid		
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments				
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application				
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity Small Entity				
Fee Code Fee (\$)				
Fee Code Fee (\$)				
Fee Description				
Fee Paid				
101 740 201 370 Utility filing fee				
106 330 206 165 Design filing fee				
107 510 207 255 Plant filing fee				
108 740 208 370 Reissue filing fee				
114 160 214 80 Provisional filing fee				
SUBTOTAL (1) (\$)		0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims 11 ** = 0 x Fee from below = Fee Paid				
Independent Claims 3 ** = 0 x Fee from below = Fee Paid				
Multiple Dependent				
Large Entity Small Entity				
Fee Code Fee (\$)				
Fee Code Fee (\$)				
Fee Description				
103 18 203 9 Claims in excess of 20				
102 84 202 42 Independent claims in excess of 3				
104 280 204 140 Multiple dependent claim, if not paid				
109 84 209 42 ** Reissue independent claims over original patent				
110 18 210 9 ** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2) (\$)		0.00		
**or number previously paid, if greater; For Reissues, see above				
SUBMITTED BY		Complete (if applicable)		
Name (Print/Type) Edward A. Meilman		Registration No. (Attorney/Agent) 24,735		
Signature		Telephone (212) 835-1400		
		Date March 4, 2002		